



1634  
PATENTS  
P-0004-UTL  
✓

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8**

I hereby certify that this paper is being deposited with the U.S. Postal Service under 37 CFR 1.8 as first class mail in an envelope addressed to: Commissioner of Patents, Washington D.C. 20231, on August 6, 2003.

Name of Person Mailing: Michelle Y. Walker.

Signature: *Michelle Y. Walker*

Date: 8/6/2003

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

Inventors: Bowen et al.

Serial No.: 10/056,479

Group Art Unit: 1634

Filed: 01/24/2002

Examiner: Juliet C. Switzer

For: METHODS FOR IDENTIFYING GENES REGULATING DESIRED CELL PHENOTYPES

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Arlington, VA 22313-1450

Sir:

**TRANSMITTAL FOR RESPONSE**

Transmitted herewith for filing in the above-identified Application are the following papers and instructions, as indicated below.

**1. Papers enclosed:**

☒ [X] Response

☒ [X] Return Receipt Postcard

**2. [X] Petition For Extension Of Time**

Applicant(s) hereby petition(s) for an extension of time under 37 CFR 1.136(a) to respond to the Office action mailed May 6, 2003, for:

- ☐ one (1) month .....  
\$55.00  
☒ **two (2) months** .....  
**\$205.00**  
☐ three (3) months .....  
\$465.00

the fee (37 CFR 1.17) for which is authorized below.

**3. Fee Calculation and Deposit Account Authorization**

- ☒ There is no increase in the number of independent, dependent, or multiple dependent claims beyond those previously paid for.
- ☐ There is an increase in the number of independent, dependent, or multiple dependent claims beyond those previously paid for. The required fee is calculated below.

Claims Remaining After Amendment: 26 Total, 1 Independent  
Highest No. Previously Paid For:     Total,     Independent

Additional independent claims (above 3): 0 @ \$78 each ..... \$0.00  
Additional claims above 20: 2 @ \$18 each ..... \$0.00  
Multiple Dependency Fee: \$260 ..... \$0.00

PLUS Extension of Time Fee: ..... \$205.00  
PLUS Fee for Terminal Disclaimer: ..... \$0.00  
**TOTAL FEE DUE: ..... \$205.00**

- ☒ Please charge **\$205.00** to Deposit Account No. **50-2247**. A duplicate of this transmittal letter is enclosed.

- [X]** Please charge any additional fees that may be required, or credit any overpayment, to Deposit Account No. **50-2247**. This is not, however, an authorization to pay the issue fee. A duplicate of this transmittal letter is enclosed.

Respectfully submitted,



Michelle Y. Walker  
Agent for Applicants  
Registration No. 53,903

Galileo Pharmaceuticals, Inc.  
5301 Patrick Henry Drive  
Santa Clara , California 95054  
Telephone: (408) 654-5830 x179  
Facsimile: (408) 654-5831

Date: August 6, 2003